PATENT

Total Pages

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Roger Dahl et al. TITLE: IMPROVED SYSTEM FOR PROVIDING ELECTRICAL STIMULATION TO A LEFT CHAMBER OF A HEART

JC966 U.S. PTO 12/28/01

CERTIFICATE UNDER 37 CFR §1 10. I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope

14/40/	UI	Mally Chlahaoly					
		Printed Name Wolly Chlubech					
BOX PA	ssioner for F ATENT APP gton, D.C. 2	Patents Signature () PLICATION					
x	Sir:	We are transmitting herewith the attached: Application Transmittal					
<u>⊥</u> x <u>_</u> x	•	Decification: Total pages: _22_(including claims and abstract: Spec15_ sheets; Claims _6_ sheets; Abstract _1 rawings:					
		Total sheets: 8 informal					
	Combir	unexecuted copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.					
	Accom	Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard					
IF A C	ONTINUIN	IG APPLICATION:					
		Continuation Divisional Continuation-in-part (CIP) of prior application No/					
		Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation ☐ division ☐ continuation in part of application number, filed					
		Cancel in this application original claimsof the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)					
		The prior application is assigned of record to Medtronic, Inc.					
		The Power of Attorney in the prior application is to:					

X

Address all future correspondence to:

Beth L. McMahon, Reg. No. 41,987

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Minneapolis, Minnesota 55432 Telephone: (763) 514-3066 Facsimile: (763) 505-2530

FEE CALCULATION	No. of Claims Filed	Claims Inc Base Fee	luded in	No. of Extra Claims	Rate	Fee
Total Claims	44	20	=	24	x 18	\$432.00
Independent Claims	3	3	=	0	x 84	
Multiple Dependent Claims				0	+ 280	
Basic Filing Fee						\$740.00
					TOTAL	\$1,172.00

Charge Deposit Account No. 13-2546 the amount of \$1,172.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Multiple Depend Claims

Basic Filing Fee

X Charge Deposit Account

The Commissioner is her overpayment to Deposit Account

Dec. 28, 200 page

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